

**BEST AVAILABLE COPY**

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO.		FILING DATE				
								APPLICANT(S)						
CLAIMS								*						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			IND.	DEP.	IND.	DEP.	IND.	DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.								
1	1							51						
2	1							52						
3	1							53						
4	1							54						
5	1							55						
6	1							56						
7	1							57						
8	1							58						
9	1							59						
10	1							60						
11	1							61						
12	1							62						
13	1							63						
14	1							64						
15	14							65						
16	14							66						
17	1							67						
18	1							68						
19	1							69						
20	1							70						
21	1							71						
22	5							72						
23	2							73						
24	1							74						
25	1							75						
26	1							76						
27	1							77						
28	1							78						
29	1							79						
30	1							80						
31	1							81						
32	1							82						
33	1							83						
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36	1							86						
37	1							87						
38	1							88						
39	1							89						
40	1							90						
41	1							91						
42	1							92						
43	1							93						
44	1							94						
45	1							95						
46	1							96						
47	1							97						
48	1							98						
49	1							99						
50	1							100						
TOTAL IND.	3							TOTAL IND.						
TOTAL DEP.	59							TOTAL DEP.						
TOTAL CLAIMS	62							TOTAL CLAIMS						